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APPLICATION NUMBER	APPLICATION NUMBER FILING/RECEIPT DATE		FIRST NAMED APPLICANT		ATTORNEY DOCKET NO./TITLE	
09/256,156	02/24/99	GILLIES	AU6 2 7 19		LEX-003	
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DATE MAILED:

04/21/99

## NOTICE TO FILE MISSING PARTS OF APPLICATION Filing Date Granted

An Application Number and Filing Date have been assigned to this application. The items indicated is given TWO MONTHS FROM THE DATE OF THIS NOTICE within which to file all required iter avoid abandonment. Extensions of time may be obtained by filing a petition accompanied by the 37 CFR 1:136(a). If any of items 1 or 3 through 5 are indicated as missing, the SURCHARGEs of rasmall entity in compliance with 37 CFR 1.27, or 1 \$130.00 for a non-small entity, mutthis NOTICE to avoid abandonment.	ms and pay any fees required below to e extension fee under the provisions of set forth in 37 CFR 1.16(e) of □ \$65.00
If all required items on this form are filed within the period set above, the total amount small entity (statement filed) In non-small entity is \$	nt owed by applicant as a
1. The statutory basic filing fee is:    Image:   Image:	or file a small entity statement 00000108 200531 09256156
10 2. The following additional claims fees are due:    10   50   50   30	00.00 CH 399.00 OP 8.00 CH 8.00 CH 8.00 CH 80.00 CH
Applicant must either submit the additional claim fees or cancel additional claims for the oath or declaration:  Solution is missing or unsigned.  Goes not cover the newly submitted items.  An oath or declaration in compliance with 37 CFR 1. 63, including residence information.	
<ul> <li>the above Application Number and Filing Date is required.</li> <li>4. The signature(s) to the oath or declaration is/are by a person other than inventor or p 1.43 or 1.47.</li> <li>A properly signed oath or declaration in compliance with 37 CFR 1.63, identifying the Application Number and Filing Date, is required.</li> </ul>	•
☐ 5. The signature of the following joint inventor(s) is missing from the oath or declaration:	
An oath or declaration in compliance with 37 CFR 1.63 listing the names of all invent inventor(s), identifying this application by the above Application Number and Filing D	ate, is required.
<ul> <li>□ 6. A \$50.00 processing fee is required since your check was returned without payr</li> <li>□ 7. Your filing receipt was mailed in error because your check was returned without payr</li> </ul>	
<ul> <li>8. The application was filed in a language other than English.         Applicant must file a verified English translation of the application, the \$130.00 set for previously submitted, and a statement that the translation is accurate (37 CFR 1.52)     </li> </ul>	
9. OTHER:  Direct the reply and any questions about this notice to "Attention: Box Missing Parts."	RECEIVED
	INCHA BURGARY & THURSALAT
A copy of this notice MUST be returned with the	APR 23 1999
K. Kelson	יייי בין מיייי
Customer Service Center	W Test and the second s

Initial Patent Examination Division (703) 308-1202

PATENT DOCKETING